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COMMENTARY

The authors of this article have stressed the importance of removal of the interpectoral nodes if the aim of the operation is *cure* or complete and accurate *staging*. I have usually found these nodes located on the under surface of the pectoralis major muscle and in this instance their excision cannot be made in continuity with the axillary contents. I have also found positive interpectoral nodes in patients with an otherwise negative axilla (levels 1, 2, and 3).

In a large series, Senofsky [1] found these nodes involved in 5% of cases and in 15.2% of all node positive patients. In 2.6% these were the only positive nodes; 18.2% had only micrometastases. Rosen [2] also found patients with only the Rotter's nodes positive.

This article appropriately stresses the importance of removal of these nodes, which adds little more than a few minutes to the operation.

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